

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:12

DOCUMENT # N04383

(8)

1. Corporation Name

PERDIDO SHORES WEST TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CAPT. JAMES PIROTTE
14799 PERDIDO KEY DR 2
PENSACOLA FL 32507
US

C/O CAPT. JAMES PIROTTE
14799 PERDIDO KEY DR 2
PENSACOLA FL 32507
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1984

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3054136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIROTTE, CAPT. JAMES
14799 PERDIDO KEY DR
2
PENSACOLA FL 32507

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

PIROTTE, JAMES

STREET ADDRESS

14799 PERDIDO KEY DR #2

CITY - ST - ZIP

PENSACOLA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

VD

NAME

KOBACKER, JAMES

STREET ADDRESS

14799 PERDIDO KEY DR #1

CITY - ST - ZIP

PENSACOLA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

SD

NAME

BUSCH, JAMES

STREET ADDRESS

14799 PERDIDO KEY DR #3

CITY - ST - ZIP

PENSACOLA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, or on an attachment with an address.

SIGNATURE:

JAMES H. PIROTTE PD 2/16/95 492-2865

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)